PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10828291

CLAIMS AS ELLED DART !												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				RTHAN
TOTAL CLAIMS			US	UC				RATE	FEE	OF	RATE	L ENTITY
FOR			NUMB	NUMBER FILED		NUMBER EXTRA		BASIC FE				
TOTAL CHARGEABLE CLAIMS			45	45 minus 20= 1		25		XS 9=	 	\dashv	` 	
INDEPENDENT CLAIMS			/	minus 3 =	•	3			-{			450
М	ULTIPLE DEP	ENDENT CLAIM				,	-	X43=	-	OR	X86=	258
* If the difference in column 1 is less than a second and the seco								+145=		OR	+290=	
- 1	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1478
	CLAIMS AS AMENDED - PAI					-			ENTITY		OTHER THAN SMALL ENTITY	
_	(Column 1)			(Colum		(Column 3)	, <u> </u>	DIVIALL	ENIIIA	OR	SMALL	ENIITY
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	\$10 ·		= - 1		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		×43=		OR	X86=	
		ENTATION OF N			LAIM			145=		OR	+290=	
1	23	33 Y3	44	4)			<u> </u>	TOTAL		4 4	TOTAL	
•	_						ADI	DIT. FEE		OR ,	DDIT. FEE	
		(Column 1)		(Column		(Column 3)						
AMENOMENI B		REMAINING AFTER AMENDMENT	•	NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ב צ	Total	•	Minus	**		=	X	\$ 9=	-	OR	X\$18=	
	Independent	*	Minus	***		=	X	43=		OR	X86=	
	FINST PHESE	ENTATION OF MI	JUIN DE	PENDENT CI	LAIM			45=		OR	+290=	
								TOTAL		<u> </u>	TOTAL	
						•		T. FEE L		OR A	DOIT. FEE	
_		(Column 1)	·	(Column		Column 3)		•				· ·
)		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY .	PRESENT EXTRA	R/		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
1	Total	*	Minus	**	[:	=	X\$	9=		OR	X\$18=	
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11	IKST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT CL	AIM					OR _	700-	
lf H	he entry in colum	nn 1 is loss than the					+14	5=		OR -	290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
Th	e *Highest Num	ber Previously Paid	For (Total or	Independent) i	s the hi	i enter "i"			priate box			